

Membership Application Form

First name _____ Last name _____ Informal Name _____

Job title _____ Designation (PhD, MD, JD, etc.) _____

Organization _____

Address _____

City _____ State/Province _____ Postal Code/Zip _____

Country _____ Phone _____

Email By providing my email address I agree to accept email from AUTM headquarters regarding AUTM activities, events and news. Check here to acknowledge: Fax By providing my fax number I agree to accept faxes from AUTM headquarters regarding AUTM activities, events and news. Check here to acknowledge:

Please email additional membership receipt to _____

NEW REGULAR MEMBER \$360 (new / reinstated membership dues)
THIS SECTION NEEDS TO BE COMPLETED IN FULL

RENEWAL REGULAR MEMBER \$285 RENEWAL ID# _____

Are you the most senior member of your institution's technology transfer organization who belongs to AUTM? Yes No
(We need to know with whom to communicate when we need to seek your institution's opinion on specific matters.)

If you work for a non-profit organization, what best describes your place of employment?

Government laboratory University
 Hospital Other: _____

If you work for a for-profit organization, what best describes your place of employment?

Industry Law Firm
 Investor Non-legal service provider
 Other: _____

Will you be in charge of managing your organization's profile in the AUTM Global Technology Portal (GTP)? Yes No

Years of Experience (Please check one)

0-2 3-7 8-14 15-20 21+

Gender: Female Male Decline to Answer

ELECTRONIC MEMBERSHIP (for developing economies)

For information on this membership option, visit www.autm.net.

STUDENT MEMBER (\$50 membership dues)

Applicants for student membership must attach proof of status; i.e., letter from advisor.

A person who is a full-time student or fellow in an institution of higher education, or a resident in a resident-training program at a teaching hospital, whose educational experience involves activities relating either directly or indirectly to the administration of the institution's intellectual property.

Which of the following areas are most significant in your job?

(Check all that apply)

Administration professional
 Company/spin-out development
 Contract negotiation
 Economic development identification/evaluation
 Licensing technology
 Marketing
 Research
 Other: _____

Who referred you to AUTM? _____

PAYMENT INFORMATION (Payment is in U.S. dollars. AUTM's Tax ID #36-3011951.)

AUTM's membership year is January 1 through December 31. New members joining after October 1 will be considered members through December 31 of the following year. All others will be invoiced for dues prior to January 1. Membership dues are deductible as business expense, but not as charitable contribution for federal tax purposes. Membership dues are nonrefundable.

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	AUTM New or Reinstated Regular Membership	\$360	
	AUTM Student Membership	\$50	
	AUTM Electronic Membership (Developing Countries)	\$130	
	Wire Transfer Fee (if applicable)	\$45	
TOTAL AMOUNT DUE IN USD.:			

Check made payable to **Association of University Technology Managers** is enclosed.

Wire Transfer

VISA MasterCard American Express Discover

Print name as it appears on card _____ Signature _____

Card # _____ Exp. Date _____